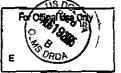
U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No 1215-0188 Expires 11-30-2006

This report is mandatory under PIL 55-257 as amended. Failure to comply may result in criminal prosecution times, or divil penalties as provided by 29 U.S.C.439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 10133	2 Fiscal Year Covered From.
	1 / 1 / 2004 Through, 12 / 31 / 2004
3 Name and address of person flling	4 Name, file number and address of labor organization.
Name FRANCIA	Name PACE AFL CIO LOCAL UNION 381
	Labor Organization File Number 802 453
PO Box, Bldg. Room No if any	P O Box, Building and Room Number If any
Street 160 MINBOLA BCULEVARD	Street 160 MINEGLA BOULEVARD
City MINEOLA	Cy MINEOLA
State New York ZIP Code +4 11501	State New York ZIP Code + 4 11501
5. Position in labor organization. TRUSTEE	
A. Held an Interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization, represents or is actively seeking to represent.	
Mondairy your from an employer whose employees your organizate  Name and address of Employer (including trade name if any)	7 a. Nature of Interest, Transaction or Income
Name	
Trade Name, if any	
PO Box Bldg Room No If any	
	7 b. Amount.
Street	
City	
State ZIP Code • 4	
Signature	
16 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information aubmitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)	
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signa francial led	On the Total 1662
Form LN-S0 (2003)	Page 1 of 2

Name of Person Filing FRANCIA REED	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name if any)  Name THE SEGAL COMPANY  Trade Name if any  P O Box, Bidg Room No if any ;  Street ONE PARK AVENUE  City NEW YORK  State New York Zip Code + 4 10016-5895	9 Business deals with  a. Labor Organization  b. Trust  c. Employer	
10 If S.b. or 9.c is checked give trust or employer's name  Name (LOCAL 381 FRINGE BENEFIT PUNDS	11 a Nature of such dealing THE SEGAL COMPANY PROVIDES ACTUARIAL AND CONSULTING SERVICES TO THE FRINGE REMEPT FUNDS	
Trade Name if any P O Box, Bldg. Room No. if any Street 150 MINEOLA BOULEVARD	11 b. Approximate dollar value of such dealing. \$46,840;	
City MINEOLA  State New York  ZIP Code + 4 11501	11 b. Approximate dollar value of such dealing. \$46 840; 12 a. Nature of interest held or income received  LUNCH PROVIDED DURING MEETING REGARDING LOCAL 381 PRINGE BENEFIT FUND MATTERS	
	12.b Amount. \$46,	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to கா employer any payment of money or other thing of value.		
13 a Name and address of Employer or Labor Relations Consultant (Including trade name if any)  Name  Trade Name If any  P O Box Bidg Room No If any   Street	14 a. Nature of payment	
State ZIP Code +4	14 b. Amount of payment.	
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